

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

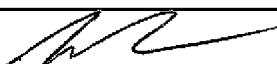
(to be used for all correspondence after initial filing)

		Application Number	10/551,289-Conf. #1531
		Filing Date	August 21, 2006
		First Named Inventor	Debbie Stevens-Wright
		Art Unit	4185
		Examiner Name	A. L. Scott
Total Number of Pages in This Submission	13	Attorney Docket Number	B1075.71018US01

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please Identify below):
Remarks		

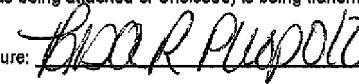
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	WOLF, GREENFIELD & SACKS, P.C.		
Signature			
Printed name	Eric L. Amundsen		
Date	April 3, 2009	Reg. No.	46,518

## Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: April 3, 2009

Signature:  (Lisa R. Puopolo)

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>Fee Transmittal For FY 2009</b>		Application Number	10/551,289-Conf. #1531
		Filing Date	August 21, 2006
		First Named Inventor	Debbie Stevens-Wright
		Examiner Name	A. L. Scott
		Art Unit	4185
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		TOTAL AMOUNT OF PAYMENT (\$ 130.00)	
		Attorney Docket No. B1075.71018US01	

<b>METHOD OF PAYMENT</b> (check all that apply)					
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account	Deposit Account Number: 23/2825			Deposit Account Name: Wolf, Greenfield & Sacks, P.C.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments			

<b>Fee Calculation</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	
	Utility	330	165	540	270	220	110
	Design	220	110	100	50	140	70
	Plant	220	110	330	165	170	85
	Reissue	330	165	540	270	650	325
Provisional	220	110	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>							
Each claim over 20 (including Reissues) _____							
Each independent claim over 3 (including Reissues) _____							
Multiple dependent claims _____							
<b>Total Claims</b> - 72 or HP = _____ x _____ = _____				<b>Multiple Dependent Claims</b>			
HP = highest number of total claims paid for, if greater than 20.				<b>Fee (\$)</b> <b>Fee Paid (\$)</b>			
<b>Indep. Claims</b> - 8 or HP = _____ x _____ = _____				<b>Fee (\$)</b> <b>Fee Paid (\$)</b>			
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b> - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____							
<b>Fee (\$)</b> <b>Fee Paid (\$)</b>							
<b>Fees Paid (\$)</b>							
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount) _____							
Other (e.g., late filing surcharge): 1251 Extension for response within first month _____							
130.00							

<b>SUBMITTED BY</b>					
Signature			Registration No. (Attorney/Agent)	46,518	Telephone
Name (Print/Type)	Eric L. Amundsen				Date
April 3, 2009					

<b>Certificate of Mailing Under 37 CFR 1.8(a)</b>	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: April 3, 2009	Signature:  (Lisa R. Puopolo)